

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS
550 W 7th Ave, Suite 310
Anchorage, AK 99501
PHONE: (907) 269-6993 FAX: (907) 787-3216
www.childsupport.alaska.gov

Case Number:
Custodian:

INFORMATION LOCATE SHEET

Please complete as much as possible. Sources for this information are joint tax returns, bank statements, credit accounts, legal documents friends or relatives.

INFORMATION ABOUT THE NON-CUSTODIAL PARENT

1. Their full legal name (no nicknames):
First _____ Mid. _____ Last _____
2. Any other names/alias they may have used: _____
3. Date of birth: _____ Place of birth: _____
4. Physical Description: _____
5. Did they ever live/work in Alaska? Yes _____ No _____
Are they a citizen of the United States? Yes _____ No _____
If not, what country are they a citizen of? _____ When? _____
6. Mailing Address: _____
City/State/Zip: _____
7. Resident Address: _____
City/State/Zip: _____
Work phone number: _____ Home phone number: _____
8. Name of their employer: _____
9. Unions: _____
Name & Local: _____
10. Their usual occupation: _____
How do they support themselves? _____
11. Military Status: ☐ Active ☐ Reserves ☐ Guard ☐ Retired
Branch/Unit _____

PLEASE SIGN AND COMPLETE THE BACK OF THIS PAGE

OTHER INFORMATION: Please provide any further information that you think may be helpful in securing support money for your children, such as bank accounts, assets, stocks, property, retirement programs, native corporation memberships, etc.

INFORMATION CONCERNING THE CHILDREN:

Name

Date of Birth

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Please list any direct payments you received:

Month

Amount

Month

Amount

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Your name (PLEASE PRINT)

Signature

Date

Work telephone #:

Home #:

Your Address:

City

State

Zip

Your Date of Birth:
